

THE AMA NEWS

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December 15, 1958

The Newspaper of American Medicine

Capsules of the NEWS..

Transplant: The successful transplant of a parathyroid gland may be a possible major breakthrough in solving problems of transferring human organs from one body to another. See story page 2.

VA Hospitals: Of the 187,800 male veterans hospitalized in all public and private hospitals as of June, 1957, only 39,000 were being treated for service-connected conditions. Nearly three out of every five veterans who needed hospital care received it from the VA. By 1966 the non-service connected load is expected to reach 304,500 if present admission policies are not altered.

Leukemia: Twelve years ago, with no treatment, only 5% of child leukemia victims lived more than a year. Now, 52% of these victims survive the first year with the help of three clinical compounds—cortisone, amethopterin and 6-mercaptopurine, Dr. Irwin H. Karkoff, New York City, said.

Stamp: AMA's House of Delegates will request the Post Office Dept. to issue a memorial stamp commemorating the 150th anniversary of the first successful oophorectomy on record performed by Dr. Ephraim McDowell on Dec. 25, 1809, at Danville, Ky., on Jane Todd Crawford.

Benefit: A new fringe benefit being sought by Retail Clerks Union in Southern California is free psychiatric treatments for store clerks.

Asthma: Asthmatic patients who don't respond to standard treatment with epinephrine obtain "dramatic" relief from a compound which reduces acidity of blood, reported Dr. J. S. Blumenthal, Minneapolis. He said intravenous injection of sodium lactate relieves attacks in "epinephrine-fast or resistant" patients.

MD-Attorney: One of the two physicians elected to the Missouri Legislature, Dr. Luke A. Knese, St. Louis City, also is an attorney. He recently passed the bar, completing his law work at night school. For names of other physicians elected to state legislatures see story page 11.

Old Age: Sylvester Melvin, Greenfield, Ill., observed his 107th birthday by working as usual as secretary of an insurance company. His formula for longevity: "Just keep from dying."

AMA Takes Major Step Toward Aged Care Plan



GENERAL PRACTITIONER of the Year, Dr. Lonnie Coffin of Farmington, Ia., (left) receives congratulations from Dr. Holland T. Jackson of Fort Worth, Texas, president of the Academy of General Practice. Story on Page 12.

Delegates Defer Report On Third Party Action

Action on the "Report of the Commission on Medical Care Plans" was deferred by the AMA House of Delegates until the next annual meeting.

This development at the 12th Clinical Meeting in Minneapolis means the 3½ year study will not be acted on until June, 1959.

The Reference Committee on Insurance and Medical Service, headed by Dr. John S. De Tar, Milan, Mich., presented a resolution to the House which read in part:

"The weight of testimony in the hearings indicated that many mem-

bers [needed more time] to study the report and, therefore, were unable to render an opinion at the present time. Consequently, your committee recommends that this report be received without discussion and that further action be deferred until the June, 1959, Session of the House of Delegates."

The lengthy report, highlights of which were presented in the Nov. 17 issue of *The AMA News*, studied the nature and method of operation of various medical care plans, their effects on quality and quantity of med-

(See Delegates, Page 2)

3 Groups Launch Seat Belts Drive

A campaign to popularize the use of seat belts in passenger cars has been announced by the American Medical Association, the U.S. Public Health Service, and the National Safety Council.

The campaign is aimed at reducing deaths and injuries on the highway.

Theme of the campaign is: "It's smart to use seat belts."

The sponsoring organizations are inviting other agencies, groups, and business organizations to support the program by promoting installation and use of seat belts in cars of em-

ployees and members, and by encouraging their respective publics to use belts.

State officials and appropriate state units will be urged to conduct coordinated seat belt campaigns on a state level, and to encourage similar programs in local communities.

None of the sponsoring organizations tests or approves any specific brand of seat belts. Drivers will be urged to install only belts that are manufactured and installed in accordance with recommendations of the Society of Automotive Engineers.

The AMA's House of Delegates has approved a report which calls for physicians to provide medical services at adjusted rates to "persons over 65 years of age with reduced incomes and very modest resources."

The House's action at the recent 12th Clinical Meeting in Minneapolis is a positive, major step toward hitting AMA's self-appointed "No. 1 target"—to solve medical and socioeconomic problems arising from a rapidly expanding old-age population.

Adjustable Rates: It means physicians, by adjusting their charges to the economic circumstances of this

Clinical Meeting Summary—Pages 8, 9

old-age group, will permit development of insurance and prepayment plans at a reduced rate for certain senior citizens.

It means this group of aged people will be more adequately protected when medical care is required.

Called "Supplementary Report H of Council on Medical Service—Voluntary Insurance or Prepayment Coverage for the Aged," the recommendation was studied and restudied by AMA's Board of Trustees, which gave it "wholehearted endorsement."

Insurers Enthusiastic: The report noted that the medical profession must continue to assert its leadership and responsibility for assuring adequate medical care for this old age group. It urged the "American Medical Association, the constituent and component medical societies, as well as physicians everywhere, expedite the development" of this program.

Speaking for the Council on Medical Service, Dr. David B. Allman, Atlantic City, N.J., immediate past president of AMA, said the report was discussed with Blue Shield and other insurance carriers and "they are enthusiastic about it." He added:

"We hope this will be the initial spark for hospitals and hospital insurance plans to come up with a similar low cost program for this old-age group."

Many Have Funds: He emphasized that this report does not encompass all Americans over 65 years because

(See Aging, Page 2)

Income Tax Series Starts Next Issue

Part I of a series on preparing Income Tax returns for 1958 will appear in the next issue of *The AMA News*, December 29. Succeeding issues in January and February will carry the tax articles which will be of interest to physicians.

Gland Transplant Termed Success

A parathyroid gland recently was transplanted at New England Deaconess Hospital, Boston, from an embryo into the groin of a Lewiston, Maine, woman.

A similar transplant of a parathyroid gland was performed in March 1956, on a sailor at the U. S. Naval Hospital, Chelsea, Mass., it has been disclosed.

Attending physicians said, so far as is known, this was the first time an organ of any size has lived and functioned in a person not an identical twin of the donor.

The Maine patient, Mrs. Marion Malliar, was given the gland from a 17-week fetus cast off in a miscarriage. The sailor, not identified, was given the gland of a premature infant who lived five days.

Physicians said Mrs. Malliar's recovery was amazing. But they added a year must pass before it is known if the transplanted gland is functioning.

Doctors said the sailor, now about 26, has been able to perform physical labor since nine days after the surgery.

AMA Is Neutral On Fund Drives

The American Medical Association at Minneapolis stated its neutrality on whether or not national voluntary health agencies are included in local United Fund campaigns.

The House of Delegates adopted a resolution expanding upon the one approved last June at San Francisco since that one "has been interpreted by some as disapproving the inclusion of voluntary health agencies in the United Fund drives."

The Delegates declared: "The American Medical Association neither approves nor disapproves of the inclusion of voluntary health agencies in United Fund drives."

AMA's Board of Trustees were asked to arrange a conference with the voluntary health agencies, United Funds and other parties to resolve misinterpretations and "other difficulties in this area."

In its resolution the House restated its position taken in June that it approves the principle of the voluntary health agencies and their right to conduct their own programs of research, public and professional education and fund raising in their particular spheres of interest.

Delegates . . .

(Continued from Page One)

ical care, and legal and ethical status of arrangements used by various plans.

The reference committee invited constituent state associations to answer two questions dealing with "free choice of physicians" and "closed panel systems" as a further aid to the Board of Trustees in considering the report.

The committee recommended that constituent associations send their definitions of the terms and comments to Dr. F. J. L. Blasingame, AMA Executive Vice President, 60 days in advance of the June, 1959, Annual Session.

The Journal of the American Medical Association will publish the report in full in a special issue in late January.

Dr. White's

Formula for Learning

What is Dr. Paul Dudley White's formula for learning in the science of medicine?

An interview with the 72-year-old Bostonian has shown that his medical philosophy is as practical and rock-ribbed as his Yankee ancestry. Commenting on his research methods during an interview with *The AMA News*, Dr. White said:

"The thing that has taught me the most about medicine is the long personal follow-up that I make of my patients, which is not a matter of hours, days and weeks, but of months and years."

Often Neglected: "Yet this practice is often much neglected in the hurry of life today and in the tendency of many who teach, do research, or are in public health, to lose contact with the most important figure in medical science, namely the patient himself."

The cardiologist pointed out that it was knowledge gained from a long study of 200 coronary thrombosis cases that enabled him to give an optimistic and correct prognosis in the crucial period following President Eisenhower's heart attack.

Asked to give a few words of advice to young physicians, he made the following points:

"1—Keep careful notes of all you do and especially of your patient's records, which should include a careful family history and a personal appraisal of the individual himself, as well as items about diseases, past or present."

"2—Take your patient into your confidence. Spend plenty of time with him explaining what you know and what you don't know about his sickness. When you don't know and think others know more, seek consultations."

"3—Continue constantly to seek



Dr. Paul Dudley White

permission for autopsies in your patients who die. Often postmortem examinations are but confirmatory, but every now and then they bring to light something that starts a new thought for further investigation or reveals the answer to some problem that has worried doctors for years.

"4—Don't hide mistakes. If you make an error on a puzzling case, don't just mark it off. A correct diagnosis, treatment or prognosis in this instance may mean an important contribution to medical science."

Study Emphasized: As a final observation, the much-honored doctor said: "Nothing replaces study and conscientious work. The most brilliant person in the world is bound to fail if he neglects this fact."

"The arm chair philosopher is invaluable, but either he or a colleague closely bound to him must do more than philosophize."

AMA To Keep MDs, Public Informed

In an effort to keep the medical profession and the public informed on the many and varied activities on the American Medical Association, the House of Delegates has authorized *The AMA News* to publish information on matters under consideration by the House as well as those on which action has been taken.

In referring the matter to the House for action, AMA's Board of

Trustees said, "We feel it not only necessary but desirable that publicity be given many resolutions and reports before they are acted on by the House."

"Such publicity informs the profession as a whole. Physicians are given an opportunity to contact their delegates and express their comments and criticisms. Such news stories also focus attention on the free, democratic processes of this House."

The Board pointed out that failure to disseminate information regarding an important policy matter often stimulates rumor and misrepresentation.

The Board said that the objective of this policy "is not to influence the House, but to promote an informed professional and public opinion."

On the Beam

There wasn't much that got past Dr. James Z. Appel, Lancaster, Pa., at AMA's 12th Clinical Meeting in Minneapolis.

Dr. Appel, a member of AMA's Board of Trustees, wears a hearing aid and it continually picked up radio messages from the Leamington Hotel switchboard to AMA staffers and hotel workers equipped with tiny transistor receiving sets.

Missilemen Face Health Problems

An Army physician says the U. S. space age program has come a long way without significant operation exposure or demonstrated occupational disease among men working with exotic missile fuels.

However, added Col. John R. Hall Jr., coming fuels and oxidizers show "we are just now on the threshold of greater problems by several orders of magnitude."

Hall spoke at the recent 65th annual convention of the Association of Military Surgeons of the United States in Washington, D. C.

Closed Environment: Another speaker at the one-day meeting, told of the dentist's role in the space age.

Navy Capt. William R. Stanmeyer reported that in atomic submarines—similar to the closed environment that will be found in space ships—crewmen showed "almost a 100% increase in cariogenicity (over a control group) as determined by the DMF Index."

The submariners also suffered "an alarming increase in gingival inflammatory conditions," he said.

In an effort to explain the high cariogenic rates among submariners, Stanmeyer continued, the Navy is studying probable suspects, including carbon dioxide, increased noise levels, and loss of periods of light and dark.

Missile Dangers: Col. Hall said one of the concerns in dealing with missilemen is that they might become chronically exposed to heavy oxides of nitrogen and suffer the classical silo fillers disease.

Another danger, he continued, was the introduction of unsymmetrical demethyl hydrozine (ACMH) as a fuel component. Exposure to this agent has produced pulmonary and gastrointestinal irritation.

Gifts to AMEF Total \$348,658

The American Medical Education Foundation received gifts totaling \$348,658.75 at the Clinical Session.

A gift of \$150,305.75 from California represented a donation from every member of the California Medical Assn. It was the largest single gift received at Minneapolis.

The Indiana Medical Assn. gave \$35,110 and the Medical Society of the State of New York presented a check for \$19,608. Other state societies giving to the funds were New Jersey, \$25,000; Utah, \$9,977.50, and Arizona, \$8,657.50.

AMA's Board of Trustees authorized giving the fund \$100,000.

Aging . . .

(Continued from Page One)

many of them already have adequate insurance or have provided themselves with sufficient funds to see them through their old age.

Dr. James Z. Appel, Lancaster, Pa., a member of the Board of Trustees, added that totally indigent senior citizens will be taken care of as they have always been, through charitable work by physicians or by state, county, or city agencies.

Dr. Appel said the very general term "reduced incomes and very modest resources" was used because of the wide divergence in the cost of living in various parts of the nation.

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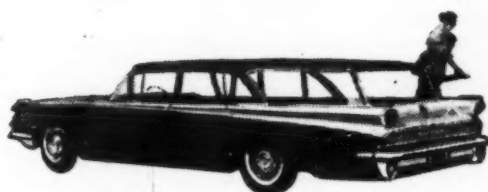
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THE AMA NEWS

The Newspaper of American Medicine

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Editorial Viewpoint

Explain Your Fees

More physician-patient relationships have been strained by a misunderstanding about fees than perhaps any other disagreement. The first safeguard against this misunderstanding is an explanation of fees being charged.

Some doctors feel they lack time for a frank discussion of these matters with patients, but lack of time is not a valid excuse. A patient has every right to know why he needs treatment or surgery, what it will consist of, and what it will cost—particularly where major services are to be rendered.

For minor services, a charge slip often can give the necessary information to the patient. But even if a charge slip is used, the end of the month statement should be itemized. Too often patients forget how much service was rendered during the month. Thus a brief statement reading, "For professional services . . . \$75," may seem to the patient to be too high. An itemized breakdown usually will avoid this misunderstanding.

If a statement is not itemized, it should at least have these words printed at the bottom of the statement, "Itemized statement on request."

It is also important that a physician's secretary be apprised of the various items included in a patient's statement. The secretary should be able to explain fees so the patient understands completely before leaving the office.

Generally the patient's reaction to a fee is determined more by the doctor-patient relationship than by the size of the fee, itself, or by the quality of medical care given.

Thousands of physicians have found it helpful to place in the waiting room AMA's plaque carrying this message:

"I invite you to discuss frankly with me any questions regarding my services or my fees. The best medical service is based on a friendly, mutual understanding between doctor and patient."

The plaque not only invites patients to ask questions, but it proves the physician displaying it has a sincere desire to bring them the best possible medical care. (Plaques are available from the American Medical Association at cost—\$1 each, postpaid.)

A physician's office procedures should answer the patient's questions concerning fees before he asks them. A proper understanding concerning fees not only will help your physician-patient relations but also will help your collections.

Sound public relations is an economic asset in any doctor's office.

Covering a Practice

If we are to hold to the principle that a patient is entitled to choose his own physician, we must be sure that this freedom of choice actually brings the patient better medical care than he would get through any other arrangement.

While the profession's code of ethics provides that a doctor also is free to choose whom he will serve, it further states that he shall not neglect those he accepts as patients.

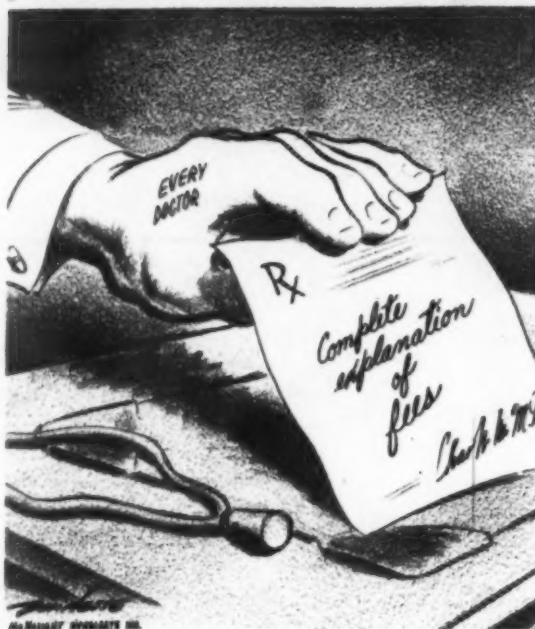
One of the important factors in seeing that his patients are not neglected is to keep his practice covered at all times. This means that when the doctor plans to be away from his office to attend a medical meeting or for some other reason, he should engage a competent physician to take his calls. He should never depend on a call service to find "somebody" to cover his night calls or emergencies.

When a patient selects a physician, he likes to refer to the doctor as "my doctor." Likewise he expects the physician to think of him as "my patient."

Keeping a practice covered by a competent physician is not only important but necessary if good physician-patient relations are to be maintained.

It is well to remember that what is to the best interest of the patient is eventually best for the doctor, and for the medical profession.

Cure For Misunderstanding



As Others See It

Cancer Research

Chicago Tribune

If you have seen anyone collecting cigaret butts in Chicago's gutters, you may have leaped to a false conclusion. Perhaps the collectors were scientists, or at least field workers for science.

Dr. E. Cuyler Hammond has reported, in the pages of the British Medical Journal, that he has measured exactly 4,283 cigaret butts, collected in four large American cities. Dr. Hammond, who is director of the statistical research section of the American Cancer society, finds that the average length is just under one inch. He wishes that some British scientists would conduct similar researches, so that comparisons could be made.

What started all this was the fact that lung cancer is a more frequent cause of death among Britons, both men and women, than it is among Americans. Perhaps the explanation is to be found in the incidence of bronchitis, higher on the other side. Or it may be in differing systems of diagnosis and recording. Or it may lie in smoking habits.

Among older people, more Britons smoke than Americans. But the average American, if he smokes at all, smokes more. But does he smoke more tobacco? In which country are cigarets burned closer to the end? That is what Dr. Hammond wants to know.

Perhaps, even now, some servants of science are recovering butts from the streets of London, Glasgow, Manchester, and Liverpool. If so, we hope that their worthy motives are not too cruelly misunderstood.

Nothing Serious

• Safe driving and a moderate rate of speed requires nothing but self-control and a good strong rear bumper.

• Some government aid is like the story of the man who found a poor, hungry dog. He took a knife, cut off part of the dog's tail and fed it. "I won't let you starve," said he.

• A lot of people who complain about the boss being so dumb probably would be out of a job if the boss were any smarter.

• With inflation continuing, we'll soon be referring to a certain piece of folding money as a one-speck instead of a one-spot.

• Sign in a waiting room: "Women should not exchange symptoms. It gets doctors confused."

• We know a Texan who has a Summer home, a Winter home and a home for unpredictable weather.

• Driving the new cars is entirely effortless, leaving your mind free to figure out how to meet the payments.

• Fewer nations would need a helping hand if they didn't waste so much time holding their own hands out for one.

• A lot of folks take a long time to recover from an illness once compensation sets in.

Fees vs. Wages

The Arizona Republic

Contrary to the popular belief that once a doctor gets his practice started he makes money fast, recent statistics indicate that his earnings for the first 12 years of practice average \$17,000 per year. At the end of 25 years of study and practice, he has earned between \$208,800 and \$219,900.

Compare his story with that of other working men. Take the case of a bricklayer, for instance.

A bricklayer must spend three years as an apprentice to learn his trade, a period during which he receives wages. The first six months he receives 35 per cent of the \$4 per hour he can expect to receive when he becomes a journeyman. Each succeeding six months during his apprenticeship, he gets a pay increase—to 55, 70, 85, and 95 per cent of a journeyman's wage. At the end of his three years' apprenticeship, he has earned \$16,016. During the next 22 years, his wage is stable, at \$4 per hour per 40-hour week, or \$160 per week. His earnings for the 25-year period he has studied and worked total \$199,056.

According to the Bureau of Medical Economic Research of the American Medical Association, after the doctor reaches his average earning capacity, he will work 56 hours a week to maintain that income.

If a bricklayer worked 56 hours a week, he would earn \$160 for the first 40 hours, \$48 at time and a half for the next eight hours, and \$64 at double time for the next eight hours—a total of \$272.

At the time the physician sets up practice, say the bricklayer begins working the same 56-hour week as the physician. His income jumps to \$14,144 per year, less than \$3,000 under the physician's annual income. If the bricklayer were to keep pace with the doctor's working hours once the doctor starts his practice, the bricklayer's 25-year total income would be \$268,944, considerably more than that of the doctor for the same 25 years.

Quotes

A Capitalist is a man who, if he himself is living well, doesn't mind if others are living better. A Socialist, on the other hand, is a man who doesn't care how badly he himself is living as long as nobody else is allowed to live better.—Anonymous.

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Stamps

Lincoln Honored With '59 Issues

Each of the three Lincoln Sesquicentennial stamps announced for issuance during 1959 will represent a distinct form of artistic expression—an oil painting, a sculptured head, and a line and pastel drawing.

The three, with the 4-cent Lincoln-Douglas Debates commemorative issued last August at Freeport, Ill., complete the series of four stamps marking the 150th anniversary of the birth of President Abraham Lincoln.

A facsimile of the signature "A. Lincoln" will be inscribed on each of the stamps to be issued next year.

Printings will be by the rotary process, electric-eye perforated, in sheets of 50. First authorized quantities have not been announced.

Details of the first-day sale of each of the three commemorative stamps:

• **1-cent**—Feb. 12, Hodgenville, Ky., nearest post office to Lincoln's birthplace. (A change from original announcement.) Arranged vertically, the 1c will show the famous "beardless Lincoln" portrait, painted from life in 1860 at Springfield, Ill., by George Peter Alexander. Payment for four of these stamps is required for postage on an ordinary letter; three for use on postal card.

• **3-cent**—Feb. 27, New York City, site of Lincoln's speech delivered at The Cooper Union which later helped him to win the Republican nomination for President. Also vertical, it will feature a head of Lincoln sculptured in 1906 by Gutzon Borglum which now is in the rotunda of the Capitol in Washington. The view used on the stamp is based on a photograph by a Post Office Department employee. Collectors must send 6 cents. Two of the 3 cent stamps will be used to meet the first class rate. One stamp will mail a postal card.

• **4-cent**—May 30, Washington, D. C. Arranged horizontally, it will portray a part of the Lincoln statue by Daniel Chester French in the Lincoln Memorial. The actual subject material was taken from a line and pastel drawing by Fritz Busse in a new book, *Washington—City on the Potomac*.

Collectors may send addressed covers to the Hodgenville (before Feb. 12), New York and Washington postmasters. Each outside envelope should be endorsed "First Day Covers—Lincoln Sesquicentennial Stamp."

Winners Spoke For Free Choice

Statements opposing socialized medicine and favoring free choice of physicians were made during political campaigns by California's governor-elect and lieutenant governor-elect.

"I feel very strongly against any state medicine or socialized medicine of any kind, nature or description," said Edmund G. Brown, newly-elected governor.

Lt. Gov.-elect Glenn M. Anderson wrote doctors that if he won he would "encourage private group medical-surgical insurance for the medical needs of the aged."

"Such insurance," he added, "will preserve the free status of the doctor-patient relationship, offer free choice of physician by the patient and maintain the cherished heritage of individual freedom for all concerned."



ON DISPLAY in the new Los Angeles County, Calif., Courthouse is this sculpture of Lincoln by Dr. Emil Seletz, left. Chief Justice of the United States Earl Warren (right) dedicated the building. Dr. Seletz, Beverly Hills neurosurgeon, now has 18 sculptures on display in public buildings, medical schools, and hospitals.

Dr. Gans Dies; '56 GP of Year

Dr. Edward M. Gans of Harlowton, Mont., who was named AMA's general practitioner of the year in 1956, died Nov. 30. The 82-year-old physician had practiced in the ranching town of Harlowton since 1929.

He had continued his practice until two months ago, when failing health forced him to quit.

Dr. Gans also was named the nation's outstanding Catholic doctor in 1956.

Both of his sons are physicians. One, Edward, practices in Oakland, Calif. The other, Paul, practices in Lewiston, Mont.

Public Opinion of Doctor Is Changing, Says Editor

"Today many problems face the medical profession because of a number of conflicting images of the doctor in our world. And these conflicts, for the most part, are still unresolved."

This analysis of the medical profession's relationship with the public was made by a magazine editor at a recent forum on "The Doctor and His Practice," sponsored by the Erie County (Buffalo, N. Y.) Medical Society and William S. Merrell Co.

Woodrow Wirsig, editor of *Printer's Ink*, said individually, people "respect doctors' knowledge and doctors as people . . . but collectively, the public is growing less respectful."

Negative and Cold: He noted that an AMA survey on public attitudes showed that "physicians have been chided for a 'negative,' do-nothing approach to proposals for health improvements, and rebuked for a cold, impersonal attitude toward patients. They are blamed for the high cost of medical care and reproached for the actions of a few unethical men."

Wirsig discussed in detail a "pilot study" he made of the opinions editors have of the medical profession. The survey of this influential group, he said, showed that editors feel medicine today is "dangerously impersonal" and that medical bills are too high.

In summing up the editor's views on what the medical profession must do, Wirsig said:

"They feel that medicine must gear itself to cope with the same kind of

dynamics that are making changes in communications, in marketing, in industry and business.

"People want to do things better in every way—every day. Just as they look to their government for help in times of recession, so they will look to their government for help in the face of health and medical hardships."

Yardstick for Action: The speaker said editors fear the medical profession's understanding of dynamic and social changes will lag too far behind, and that physicians "will fail to take the leadership in bringing about change in the proper fashion."

As a yardstick for action by the medical profession, Wirsig suggested continuing studies of "their own attitudes about their profession" and "of the public's attitude toward medicine."

Wirsig said that "to a great extent, the doctor is fear ridden." He added: "The doctor sees himself as being a target for attacks from government, politicians, pressure groups, unscrupulous patients, jealous doctors."

Through self-analysis and self-evaluation, Wirsig said, the medical profession will learn how valid their images are about themselves and how they "may have to adjust to a reality that is different from their image."

Wirsig declared that doctors must take the lead in effecting the kinds of changing medical service that will be best for everyone, because the public can't.

"If the doctors won't, then somebody else will," he concluded.

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DR. GUNNAR GUNDERSEN, AMA president, urges support of a proposal for an International Medical Year in his address to the House of Delegates at Minneapolis.

President Cites Doctor's Role

Medicine accepts its responsibility in the field of aging and is working to improve the health care of the aged, Dr. Gunnar Gundersen, president of the American Medical Association, told the House of Delegates at its opening session in Minneapolis.

The programs for the aged must be accelerated and given active leadership and implementation on the state and local levels, Dr. Gundersen added.

Medical Year: He also urged AMA to offer leadership and "maximum help" if a proposed International Medical Year is found feasible. He said it would give medicine a chance to offer imagination on the international scene and make a contribution to world understanding.

AMA will continue to oppose federal purchase of health benefits through the social security mechanism "because of its unsound approach and far reaching implications," Dr. Gundersen told the delegates.

Major Purpose: "However, . . . we are interested in much more than just defeating a bill in Congress," the president stated. "Our major purpose and intention is to provide leadership, objective study, workable alternatives, and practical demonstrations of how the aged can be taken care of without resort to the federal government."

He also told the House that medicine needs a clear policy regarding "so-called third parties." He called for careful study of the report of the AMA Commission on Medical Care Plans.

Mississippi Valley Officers Elected

New president-elect of the Mississippi Valley Medical Society is Dr. Arkell M. Vaughn of Chicago. Vice president is Dr. Frank Fowler of Chicago.

The officers and new honorary members were elected by MVMS Board of Directors at Minneapolis. The president is Dr. Arthur F. Fritchen of Decorah, Iowa. Dr. Harold Swanberg, Quincy, Ill., was re-elected secretary-treasurer for the 25th year.

Elected honorary members were Dr. Gunnar Gundersen, president of the American Medical Association; Dr. Alton Ochsner, New Orleans; Dr. Ethan Allan Brown, Boston; Dr. Charles H. Brown, Cleveland, and Dr. C. S. Morrow, Wilkes-Barre, Pa.

Scientific Highlights From Clinical Session

Drug: Extremely painful symptoms of ureteral colic have been relieved in 47 of 50 patients by a new form of oral atropine tannate. Drs. Miles W. Thomley, Louis M. Orr, James L. Campbell and James B. Jamison of Orlando, Fla., reported the drug may have great potential use for patients with a small calculus which is likely to pass spontaneously. It might be possible to treat these patients without hospitalizing them.

Viruses: At least four "orphan" viruses—called so because they were not known to produce illness—now appear to cause aseptic meningitis. Dr. Tom D. Y. Chin, Communicable Disease Center, Kansas City, Mo., said causative viruses are now labeled ECHO, types 4, 6, 9, and 16. Evidence linking viruses to aseptic meningitis were found in localized outbreaks.

Itching: A Lakewood, Calif., general practitioner presented an exhibit on a new oral drug—trimeprazine (Temaril)—which has been successful in treatment of wide variety of acute and chronic itching. Dr. Robert F. Kienhofer said the drug gave complete relief to 68 patients out of 100. The other 42 obtained partial or intermittent relief. Nine patients experienced slight drowsiness as a side effect.

Heart: Dr. Edward E. Gordon, Chicago, said standard classifications

used as guides to work selection for heart patients may be too low. He explained classifications are based on concept of continuous work, even though most domestic, recreational, and industrial activities fall into intermittent work category. Cardiac patients, he said, have performed intermittent work in which they expended much more energy than those listed in classification charts.

Lung: New lung disease for which no cause has been found was described in exhibit by Armed Forces Institute of Pathology, Washington, D.C. Many of 27 patients who suffered disease—pulmonary alveolar proteinosis—were found to have inhaled various chemicals during their work, but exact cause has not been pinpointed. Protein-like material deposits in alveoli and illness may start with fever suggesting pneumonia.

Cancer: New film which may help doctors save thousands of lives from uterine cancer was premiered. Entitled "Routine Pelvic Examination and Cytologic Method," it was produced by American Cancer Society and National Cancer Institute. Prints of film will be made available to medical societies and other professional medical groups. One detection method demonstrated is uterine cancer cell examination, utilizing Dr. George N. Papanicolaou's technique.

A Family Lawyer

Every Doctor Needs One

Just as the lay individual who uses his own judgment on medical matters usually regrets it, so too will the physician who thinks his "common sense" will carry him through on strictly legal matters.

In short, family physicians as well as specialists need "family lawyers." The AMA Law Department recommends that even before a young doctor sets up his practice, he first should seek out a family lawyer, or general practitioner of law, who can guide him on legal matters relating to his business and private life.

Unaware of Services: When a physician rents an office, it may seem to him that there is nothing more to the event than selecting a good location and signing the "standard lease."

Actually, there is no standard lease because it is customary for lawyers dealing with landlords to add riders which have special provisions.

The wise physician will consult a lawyer. He probably will find that even in renting an office, the nominal fee charged by an attorney will be well worth the benefits that are likely to result after the transaction has been consummated.

It may be that the physician beginning his practice will not even be aware of the services a lawyer can perform for him.

Personal Problems: The attorney can help with personal problems, such as seeing that a clear title is obtained when the physician buys a home, or preparing a will which will minimize inheritance and estate taxes and provide adequate protection for the widow and children so the funds will not be dissipated.

In the physician's professional work, the attorney can advise him on

how to withdraw from a case if there has been a personality clash with a patient, thus avoiding a possible malpractice suit. Or the lawyer can inform him of the type and amount of liability insurance he should carry.

An important thing to remember is that the family lawyer should be paid for his advice. Services that are rendered casually under the so-called "professional courtesy" concept are not of great value in the long run.

Time and Effort: Under this set-up, the physician may be reluctant to ask questions of his lawyer friend because he will not be billed for them. Failure to make a phone call to obtain legal advice, may result in a monetary loss or possibly a lawsuit from one of the patients.

Also, there is likely to be a difference between the amount of time and effort a lawyer will put into a project for which he will be paid, as compared to the work which he is doing "as a favor."

A physician ordinarily should seek an attorney who is:

- A general practitioner of law—as differentiated from those attorneys who specialize only in patent law, corporation law, criminal law, etc.—or an attorney who maintains a practice in which he represents business people.
- Not wholly without experience, and yet not a lawyer who is so busy that even a phone call seems to be an imposition.
- Of the right emotional make-up so that the doctor would feel free to discuss his family and business problems with him.

How to Find Him: These are ways in which a physician might find the family lawyer he wants:

- Look up the college friend who went on to law school, while he took up medicine.
- Choose an attorney who already is serving a member of the physician's family or friends.
- Check with the local bar association for the name of a reliable lawyer.



MRS. E. ARTHUR UNDERWOOD, president of the Women's Auxiliary to the AMA, reports to the House of Delegates on the Auxiliary's activities since the June meeting.

Governor Urges Care for Aged

Minnesota Gov. Orville L. Freeman asked the medical profession to cooperate with government in developing a program to provide adequate medical care for the aged.

"While social security pensions are reducing the numbers of people who need old age assistance for ordinary living expenses, they are not sufficient to cover expenses of serious and chronic illness," Governor Freeman said in his address to the House of Delegates.

While voluntary health insurance plans have made it easier for people to pay for their medical care, Governor Freeman believes they have been "least effective" for the age group over 65.

Expansion of the federal social security program to include hospital and medical insurance benefits is one solution that has been proposed, Governor Freeman pointed out. He told AMA delegates that if they opposed this measure then medicine has a responsibility of helping to work out an alternative program to meet the need.

He warned that, "Where an essential goal can be achieved in no other way, under our American democratic system, government has in the past, and will in the future be called upon to take care of urgent, unmet needs."

Dr. W. L. Ball Named Trustee

Dr. W. Linwood Ball, Richmond, Va., has been appointed to the AMA Board of Trustees to fill the vacancy created by the death of Dr. Warren Furey, Chicago. The Board made the announcement at the Clinical Meeting in Minneapolis.



Dr. Ball, who has served as a member of the AMA House of Delegates for four years, will serve on the Board until June, 1959. He said he will not be a candidate to succeed himself when the House of Delegates fills the late Dr. Furey's unexpired term at the Atlantic City meeting.

Dr. Ball will continue to serve as AMA's vice president, a position to which he was elected last June in San Francisco.



Rental Cars

● All three of the members of our firm are renting cars and believe it has many advantages. Prior to this year the firm was the owner of a car for each member and we found it impossible to buy three new cars each year and also found none of us could agree on the same car so the auditor found it quite difficult to figure depreciations and make an equitable settlement so he advised us to sell the company-owned cars and rent.

We are renting new Chevrolets for \$110.00 a month each and the rental firm pays all expenses, including taxes, license, insurance, repairs, tires, etc. The only other expense which we must maintain is gas and oil. This figure is completely deductible as each one of us owns a family car which is used for everything but business. We are guaranteed a new car each year and some times it is less than a year. When the rental firm has a chance to dispose of our used car, they will pick it up and leave a new car in our driveway.

From our standpoint, it is a satisfaction to know that each one of us is sharing equally and we do not have to look forward to the purchase of a new car each year.

FRANCIS L. SIMONDS, M.D.

Omaha, Neb.

● Regarding Dr. Hammond's query sent privately owned and rented cars for physicians, the answer depends on three factors: (1) location, (2) traffic conditions, (3) income tax.

The rural and suburban physician probably finds a privately owned car more desirable because there is more pleasure driving and it is used more frequently by his family. In the city where parking and traffic are impossible, some physicians find it cheaper and easier on the nerves to have none and use taxi cabs. The expense of a hired car is totally deductible from income tax while only the "business" part of driving expenses is deductible in the case of the privately owned car. The rented car is on a monthly basis and it makes no difference if the doctor uses that car one or twenty-four hours a day.

JAMES A. BRUSSEL, M.D.

New York City, N.Y.

Editor's Note: Our tax consultant tells us that only the "business" portion of the expense of renting a car may be deducted.

Hogs and Machines

● In reference to your article about the farmer chasing the "damned recalcitrant hog" on a hot day:

Dr. Morris suggested that the farmer "let a machine do it."

Will you please advise me who makes these hog chasing machines? Also, do you know if they make baby or young children chasing machines? It sure would be a big help to the housewife. Yours rurally,

WM. E. STROZIER, M.D.

San Antonio, Texas

Community Service

● You are certainly to be commended on your editorial "Community Service" in the November 17 issue. Our business and professional organization presently has 26 physicians as members. Just last week, Dr. George W. Slagle, immediate past president of the Michigan State Medical Society, was elected a member of our Board of Directors. We are proud of this affiliation.

I am convinced that the vast majority of physicians are in complete agreement that they should be part of their local Chambers of Commerce. The question of time is an important one, however, not only in their participation, but in attempting to discuss Chamber of Commerce with them.

Your editorial, therefore, should indeed serve to remind these physicians of their community service responsibilities.

R. B. POTTER
Chamber of Commerce

Battle Creek, Mich.

● Please accept our congratulations for your editorial titled "Community Service" in your November 17 issue of *AMA News*.

What you said is exactly what we believe. Proof of our belief is that Great Bend, Kansas, has 100% membership of its physicians.

KENT COLLIER
Chamber of Commerce

Great Bend, Kan.

Time For Tax Planning

Here's How To Save On Taxes

Tax experts say that a dollar saved in taxes is worth at least 20 cents more than an additional dollar of income.

Physicians have about two weeks for year-end tax planning. And a little planning now may mean substantial savings.

The reason for planning now is to arrange the smallest possible total of this year's tax and next year's tax combined. This can be done by speeding up—or by putting off—your receiving and spending of income.

Size of Income: What a doctor, or any other taxpayer, does in the way of tax planning probably will depend on whether his income for 1958 is greater or smaller than his expected income for 1959.

Since it is unlikely that tax rates will be lower in 1959, a physician may want to put off any income he can until after December 31, and crowd



deductions into 1958. Thus he will postpone the payment of some taxes until April 15, 1960, and will have use of that money free for a year.

If a physician had a big year in 1958, he can delay income by waiting

until late December to mail out some statements. Or if 1959 promises to be a bigger year, he should try to collect on outstanding bills before the year's end.

Sometimes taxable income can be reduced by taking deductions in advance by prepaying some of the interest on debts, paying real estate tax before the year's end if it is due in early 1959, stocking up on supplies or by making advance payments on 1959 pledges to charities. Or if it is more advantageous to hold down on 1959 taxable income, the above process can be reversed.

Gains and Losses: Those who own farms may want to sell grain or livestock in December rather than in January, or vice versa. It may be wise to sell stocks that are down in price to offset gains taken on other investments, or take gains on stocks that have risen in price, if you have had losses on other assets.

A physician who is comfortably fixed may want to give his heirs a check to reduce estate tax that will be paid later. The law permits individuals to give away, yearly, as much as \$3,000 each to as many individuals as he likes, without payment of the gift tax. If your wife agrees to the gift, the limit on each tax-free gift is \$6,000.

In planning contributions, it is well to remember that the value of contributions in the form of property is deductible. Example: Say you own stocks that cost \$1,000, and now are worth \$5,000. If you sell the stock and pay the 25% capital-gains tax, a donation of the remainder will get you a deduction of \$4,000. If you give the shares of stock to a charity, you get a \$5,000 deduction—and pay no capital-gains tax. But if the stocks have dropped in value, sell them, take the loss as a deduction, and donate the proceeds.

Equipment Investments: Physicians also may want to take advantage of the new ruling on writing off investments in new and used equipment. (See story in Dec. 1 issue *The AMA News*.)

While tax planning may mean substantial savings, there are pitfalls. It is wise to seek help from competent tax specialists and to make a thorough study of the various transactions.

The *AMA News* will publish a series of articles starting next issue (December 29) which will serve as a guide for physicians preparing income tax returns for 1958.

More Points To Watch When Selling a Practice

(Editor's note: In the concluding article of a two part series on the sale of medical practices, methods of payment, obligations of the seller to the buyer, and tax considerations are examined.)

Most practices are not sold outright for cash.

Usually, a down payment is made and then regular installments are spread over a period of two or three years, or longer.

A physician's practice sometimes is sold under an arrangement whereby a down payment is made after which the buyer pays a fixed percentage of gross or net income over a specified period of time.

Not only are these arrangements unethical, but as a general rule undesirable from the seller's point of view. The physician who retires wants to be assured of a definite, rather than a speculative amount, for his practice.

Also, if the seller moves to another part of the country, it may be difficult to resolve disputes that may arise with reference to the amount of the payments.

Seller's Obligations: A physician who sells his practice should be prepared to spend some time with the new man. He should introduce him to patients, members of hospital and medical societies, and various businessmen.

Records of those patients who continue as patients of the purchaser might well be discussed by the two

physicians to insure continuity of treatment based on the individual's medical history.

Tax Considerations: High income tax rates make it mandatory that the seller consider the proceeds he will realize from the sale after taxes and that the buyer determine in advance the extent to which he may be able to take a tax deduction from year to year to liquidate cost.

For income tax purposes, a physician's practice is not a business entity separate from the assets which it includes. Therefore, the sale of a medical practice is treated as a sale of each of the assets involved.

The type of asset sold determines in each instance whether the seller realizes ordinary gain or loss, or capital gain or loss.

Usually, the amount received by the seller for his medical and drug supplies will be reportable as ordinary income and it would be to the seller's advantage to allocate only a nominal portion of the total sales price to these items.

The buyer will obtain a tax advantage if the seller will agree on pricing these supplies at full cost, since he can deduct the purchase as expense.

However, the seller's tax advantage in allocating a nominal cost to medical supplies and drugs outweighs the buyer's tax advantage when he is able to assign full cost to these items.

Value of Good Will: Because good will is a non-depreciable asset for tax purposes, its cost may be recovered only through re-sale. The buyer should insist that a low value be allocated to good will and that correspondingly more liberal valuation be placed on the tax depreciable assets, such as furniture, equipment, etc.

Usually, it will make no difference to the seller whether the capital gain is derived principally from good will or depreciable assets, such as furniture and equipment.

Selling the capital assets of a medical practice for cash eliminates the uncertainty of collecting installment payments, but there usually are significant tax advantages to the seller if he receives proceeds of the sale over a longer period of time.

Dentists Elect

Dr. Percy T. Phillips of New York was installed as president of the American Dental Assn. at its annual session in Dallas. He succeeds Dr. W. R. Alstadt, Little Rock, Ark.

Dr. Paul H. Jeserich, Ann Arbor, Mich., was named president-elect.

ADA again went on record condemning false and misleading advertising on dentifrices, saying that in many cases the advertising encourages "abandonment of regular tooth-brushing as well as other beneficial oral hygiene procedures."

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Report On Actions of AMA's House

Health care of the aged, the report of the A.M.A. Commission on Medical Care Plans, osteopathy, expansion of medical education facilities, the Association's administrative changes, the report of the Committee to Study A.M.A. Objectives and Basic Programs, and voluntary health organization fund raising were among the wide variety of issues considered by the House of Delegates at the American Medical Association's Twelfth Clinical Meeting held Dec. 2-5 in Minneapolis.

Dr. Lonnie A. Coffin of Farmington, Iowa, was named as the 1958 General Practitioner of the Year for his outstanding contributions to the health and civic affairs of this home community. Dr. Coffin, who is the first Iowan to receive the annual GP award, accepted his gold medal on behalf of all the men who have dedicated their lives to the general practice of medicine.

Speaking at the Tuesday opening session of the House, Dr. Gunnar Gundersen of La Crosse, Wis., AMA president, called upon the medical profession to exert leadership and imagination in meeting the problems of these changing times. Urging practical actions to solve medico-economic challenges, Dr. Gundersen declared that "the time has passed for policies based on generalities, platitudes and flag-waving." He also suggested that the Association offer support and co-operation to proposals for an International Medical Year.

Governor Orville L. Freeman of Minnesota, who also addressed the opening session, asked for "the help of the leaders of the medical profession in working out a program that will most adequately meet the needs of our older citizens for health care and services of the highest quality."

Total registration was 6,025—including 3,006 physicians, 2,355 exhibitors and guests, 664 students, technicians, and nurses.

Care of the Aged

Responding to Dr. Gundersen's call for action and Gov. Freeman's plea for help in meeting the health care needs of the aged, the House of Delegates adopted the following proposal submitted by the Council on Medical Service and endorsed by the Board of Trustees:

"For persons over 65 years of age with reduced incomes and very modest resources, it is necessary immediately to develop further the voluntary health insurance or prepayment plans in a way that would be acceptable both to the recipients and the medical profession. The medical profession must continue to assert its leadership and responsibility for assuring adequate medical care for this group of our citizens.

"Therefore, the Council on Medical Service recommends to the House of Delegates the adoption of the following proposal: That the American Medical Association, the constituent and component medical societies, as well as physicians everywhere, expedite the development of an effective voluntary health insurance or prepayment program for the group over 65 with modest resources or low family income; that physicians agree to



HOUSE OF DELEGATES, in session in Minneapolis, listens to the address of Dr. Gunnar Gundersen, AMA president.

accept a level of compensation for medical services rendered to this group which will permit the development of such insurance and prepayment plans at a reduced premium rate."

In order to effect the immediate implementation of such a program, the House directed that copies of the proposal be distributed to medical society approved plans, including Blue Shield and private insurance programs, requesting their cooperation.

Medical Care Plans

The long-awaited report of the Commission on Medical Care Plans, appointed at the 1954 Clinical Meeting in Miami, was discussed for two hours at a reference committee hearing, but the House decided to defer action until the June, 1959, meeting.

In so doing, the delegates adopted this statement:

"We respectfully suggest to the constituent associations reviewing the report in the interim, that their attitude regarding the report will be clarified if they arrive at some decisions in regard to the following basic points:

"1. Free Choice of Physician—Acknowledging the importance of free choice of physician, is this concept to be considered a fundamental principle, incontrovertible, unalterable, and essential to good medical care without qualification?

"2. Closed Panel Systems—What is or will be your attitude regarding physician participation in those systems of medical care which restrict free choice of physician?

"These suggestions acknowledge that the policy of the American Medical Association to encourage and sup-

port the highest quality of medical care for all patients remains unchanged. They question, however, whether attitudes toward the free choice of physician and the closed panel system may be undergoing evolutionary change."

The House recommended that the Board of Trustees invite the constituent associations to forward their replies to these questions to the executive vice president 60 days in advance of the June, 1959, meeting.

Osteopathy

Considerable discussion centered on a resolution which would have recognized that constituent medical associations have the right to establish the relationship of the medical profession to the osteopathic profession within their respective states. The House decided, however, that the resolution in question did not offer the appropriate solution to the osteopathic problem. Instead, the delegates requested the Judicial Council to review past pronouncements of the House on osteopathy and the status of the laws of the various states in this regard. The Council was asked to present its report and recommendations at the June, 1959, meeting. The House "noted with favor that the American Osteopathic Association has amended its objectives as stated in its constitution by deleting reference to the cultism of Andrew J. Still."

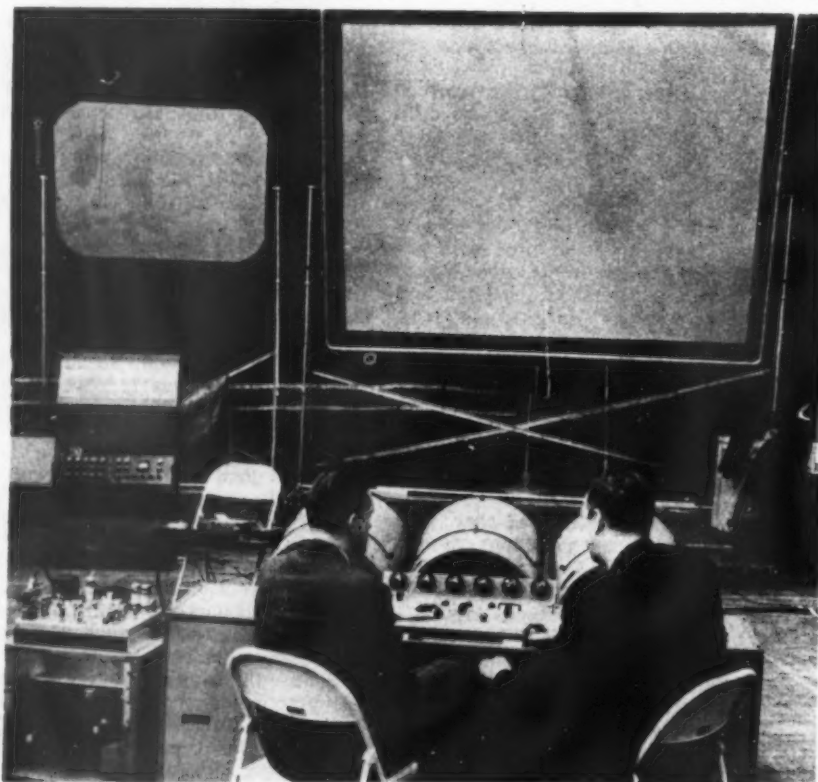
Medical Education

The House approved a statement by the Council on Medical Education and Hospitals supporting the development of additional facilities for basic medical education, and it urged the entire profession to give that policy strong support in order to correct misinterpretations of the Association's viewpoint regarding the supply of physicians.

"American medicine," the statement points out, "fully recognizes the needs being brought about by the increasing population, social and economic trends, and the changing dimensions of medical knowledge and its application." Urging careful analysis of those needs, the statement says that existing medical schools should consider the possibility of increasing their enrollments and developing new facilities. It also declares that American medicine has the responsibility to encourage the creation of new four-year medical schools and two-year basic science programs by institutions of higher education which can provide the desirable setting.

Administrative

A Board of Trustees report on the administrative structure of the Association was approved by the House, which termed the reorganization of the headquarters staff as a long and important step in the right direction. The report informed the House that the Chicago staff has been divided into the following seven divisions: Business Division, Law Division, Communications Division, Field Division, Division of Scientific Publications, Division of Socio-Economic Activities and Division of Scientific Activities. The latter two are still in the process



GIANT COLOR TV screen was introduced at AMA's Clinical Session by Smith, Kline and French Laboratories. The new 9' x 12' screen dwarfs its 4' x 6' predecessor (left). The closed circuit telecast presented pictures three times brighter than earlier equipment.

of Delegates At Clinical Meeting

of development and are temporarily under the direction of the assistant executive vice president. The Board also reported that the Committee on Legislation has been renamed the Council on Legislative Activities, with the director of the Law Division as Council secretary. This new council will undertake an enlarged, strengthened legislative program, closely coordinated with the activities of the new field staff and the Washington Office. The latter also has been reorganized, with overall direction coming from Chicago.

AMA Objectives

The House received and commended the report of the Committee to Study AMA Objectives and Basic Programs, which it said may be a significant milestone in the Association's history. In approving one of the committee's recommendations, the House referred to the Council on Constitution and Bylaws the following suggested amendment of Article II of the Constitution: "The objectives of the Association are to promote the science and art of medicine and the betterment of public health and an understanding of the socio-economic conditions which will facilitate the attainment of these objectives."

The House also recommended that the Board of Trustees establish a mechanism which will assume the responsibility for promoting active liaison with each national medical society. "In the scientific fields," the House declared, "the role of the AMA should be primarily that of leadership, but every endeavor should be made to bring about coordination of the special fields of scientific interest of the other national medical organizations." The delegates also approved a recommendation that the Board of Trustees give serious consideration to opening the publications of the Association to a free and open discussion of socio-economic problems applicable to medicine.

Fund Raising

Once again considering fund raising problems which have arisen since development of the concept of united community effort, the House passed a resolution which pointed out that the action taken last June in San Francisco has been interpreted by some as disapproving the inclusion of voluntary health agencies in United Fund drives. It then stated that "the American Medical Association neither approves nor disapproves the inclusion of voluntary health agencies in United Fund drives." The resolution also requested the Board of Trustees to arrange a top-level conference with the voluntary health agencies, the United Funds and other parties interested in the raising of funds for health causes, with a view toward resolving misinterpretations and other difficulties in this area.

Other Actions

In dealing with a wide variety of other subjects, the House also:

- Took notice of the recent restrictive changes in the Medicare program;



ATTENDING THE AMA Clinical Session were representatives of the Student American Medical Association. They are Marvin J. Chapman (left), SAMA regional vice president from the University of Wisconsin, and William Kirkham, treasurer from the University of Oklahoma.

expressed regret at the substitution of federal facilities for private care in the areas mentioned, and urged the Association to encourage the re-establishment of services under the free choice principle to accomplish the original intent of the act;

- Recommended that the Social Security Act be amended by Congress to permit states to combine the present four Public Assistance medical programs into a single medical program, administered by a single agency and making available uniformity of services to all eligible Public Assistance recipients in the state;

- Authorized the Council on Medi-

cal Service to sponsor at the earliest practicable date a Congress on Prepaid Health Insurance;

- Approved a plan to develop "Buyers' Guides" which will be sent to physicians to help their patients analyze the merits of available health insurance programs;

- Approved a Bylaw amendment which will allow dues exemptions for interns and residents serving in training programs approved by the Council on Medical Education and Hospitals;

- Called to the attention of all individuals or institutions responsible for intern and resident training that



WARBONNET AWARD is presented to Dr. Herman Kleinman, Minnesota Department of Health, Minneapolis, for his work on the Redlake Indian Reservation. He received the award from Mrs. Arnold Kremen (left), Minneapolis, and Miss Anita Lussier, Rochester, in his exhibit on "Indian Medicine in Minnesota" at the Clinical Session.

medical services provided to patients in hospitals are the responsibility of duly licensed physicians;

- Encouraged the voluntary registration of the paramedical personnel who assist physicians, but opposed the extension of governmental licensure and governmental registration at this time;

- Heartily approved and lauded the purpose, content and format of *The AMA News* and recommended continuance of the publication under its present and established policies;

- Agreed with the Committee on Medical Practices that relative value studies should be conducted by each constituent medical association but not on a national or regional basis by the AMA;

- Urged each constituent society to establish a committee on rehabilitation to carry out activities recommended by the Board of Trustees;

- Called for continued activity at all levels to stimulate the development of effective poliomyelitis inoculation programs;

- Suggested that the Association take immediate steps toward developing a plan whereby reserve medical units and individuals not immediately involved in military operations could be used to supplement civil defense operations, and

- Expressed gratitude and appreciation for the long years of devoted service by Dr. Austin Smith, who has resigned as editor of *The Journal of the American Medical Association*.

At the opening session, six state medical societies contributed a total of almost \$250,000 to the American Medical Education Foundation. The gifts were: California, \$150,305.75; Indiana, \$35,110; New Jersey, \$25,000; New York, \$19,608; Utah, \$9,977.50 and Arizona, \$8,857.50. In addition, the American Medical Association announced a contribution of \$100,000 to the Foundation.

It also was announced on the first day of the meeting that Dr. W. Linwood Ball of Richmond, Va., A.M.A. Vice President, had been appointed to the Board of Trustees to fill the vacancy caused by the recent death of Dr. Warren Furey of Chicago. Dr. Ball, who will serve on the Board until next June, said he will not be a candidate to succeed himself.

Local Discipline Of Ethics Urged

Responsibilities of state and county medical societies to police their own activities, outlined in the summary of the Judicial Council's annual report, were approved by AMA's House of Delegates in Minneapolis.

The report of the Reference Committee on Amendments to the Constitution and Bylaws said in part:

"If county medical societies fail to accept and discharge their obligations in matters of ethics, others will assume these obligations by default."

The committee also noted the Judicial Council's Annual Report which urged "county and state societies to adopt critical attitudes toward their programs to uphold the honor and dignity of the profession of medicine."

Medicolegal

Education Cuts Liability Claims

Medical societies must undertake an active, continuous claims prevention and safety program if professional liability claims are to be avoided.

Such a program should be aimed at educating doctors in methods of conducting a medical practice that will minimize professional error and also reduce the likelihood of arousing a patient's anger should the results of treatment be less satisfying than that anticipated by him.

According to the AMA Law Department, a basic malpractice prevention program should emphasize, as a minimum, these eight points:

1—Do not undertake any procedure unless you are fully qualified.

2—When in doubt, consult with specialists.

3—Avoid experimentation or the use of drugs or procedures with which you are not fully familiar.

4—If an accident happens during surgery, explain fully and carefully what occurred. Do not conceal. Do not say, "I made a mistake." Do not blame someone else such as a nurse, but do explain the facts.

5—Always maintain current, accurate, and legible records. Never alter or destroy a record after a complaint is made.

6—If you and a patient are not compatible, sever relations and help the person find another physician. Both of you will be better off.

7—Discuss fees frankly and in advance.

8—Always obtain a signed consent before operating on a patient or administering any therapy that involves a significant risk to the patient.

On the last point, medicolegal experts say that although a written consent is not required by law, it should be obtained whether the patient is treated at home, in the doctor's office, or in a hospital.

Sometimes, the consent of operation statement for elective surgery is signed at the hospital when the patient is admitted.

But both from a medical and legal standpoint, it is more desirable to execute the operative consent in the doctor's office.

Medicolegal experts say this procedure gives ample time for an explanation of the surgery and enables the patient to have an opportunity to make his own decision freely as to whether or not he will submit to surgery.

Examples of consents to various types of operations are contained in a booklet entitled *Medicolegal Forms with Legal Analysis*, which may be obtained without charge by writing to the AMA Law Department, 535 N. Dearborn St., Chicago 10, Ill.

Handicapped, Elderly Solve Job Problems

Hospitals can solve some of their personnel problems by employing the handicapped and elderly, according to an article in the Nov. 16 issue of *Hospitals*, the journal of the American Hospital Assn.

Dr. J. A. Rosenkrantz and Dr. Pascal F. Lucchesi, both of Philadelphia, reported that a study of the Albert Einstein Medical Center showed "the work records and achievements of the disabled person often surpass those of normal personnel."



KITCHEN SURGERY by his sons saved the life of Dr. Charles A. Olson, 71, St. Paul, when the physician choked on a piece of ham at his 25th wedding anniversary dinner. Robert and Charles Olson, neither of whom is a doctor, laid their father on the kitchen floor and performed a tracheotomy with a paring knife and the sawed-off barrel of a fountain pen. Dr. Olson is shown above receiving a drink of water in a hospital, where physicians said the sons had saved their father's life.

Lawyers, M.D.s To Meet

The AMA Law Department will sponsor three regional medicolegal conferences next March and April as part of a continuing program to create a better working relationship between lawyers and doctors.

Locations and dates for the conferences are: District of Columbia Medical Society headquarters, Washington, March 20-21; Hotel Cleveland, Cleveland, April 4-5; and Hotel Utah, Salt Lake City, April 18-19.

Between 250 and 400 physicians and lawyers from surrounding areas are expected to register for each meeting.

Subjects which will be discussed include narcotic addiction, traumatic neurosis, *Res Ipsa Loquitur* and medical-professional liability, contingent fees, and impartial medical testimony.

In announcing the conferences, C. Joseph Stetler, director of the AMA Law Division, said:

"Medicine and the law must work together so frequently that we feel open discussions of mutual problems are imperative."

At each of the meetings, sessions will be presented for a half day on Friday and a full day Saturday. Registration fee for each conference will be \$5 to cover the cost of a Saturday luncheon and a copy of the proceedings.

Advance registrations should be mailed to: Law Department, American Medical Association, 535 N. Dearborn St., Chicago 10, Ill.

Grants Announced

The Muscular Dystrophy Association of America, Inc., have announced grants of \$420,815 for research studies in muscular dystrophy and related disorders in 35 universities in the United States and abroad.

ONE LOOK AT THE NEW

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33 Physicians Elected To State Legislatures

Thirty-three physicians will serve in state legislatures when the law-making bodies convene next year. Seven are newly-elected, 16 were re-elected and 10 are holdovers, a national survey by *The AMA News* revealed.

Eighteen of the doctors will serve in the House, 15 in the Senate.

Ten other physicians ran for legislative seats in the November elections, but were defeated.

Drs. E. J. Byrd, Camden, Ark.; Edgar A. Elliff, Sterling, Colo., and Dr. G. W. Mills, Wall, S. D., did not seek re-election to legislative posts.

Kentucky's primary will be held

next May and some physicians are expected to be among the candidates for the legislature.

Dr. Otis R. Bowen, Bremen, Ind., a candidate for re-election to the House of Representatives, was defeated by 40 votes. There may be a recount.

The wife of a Spokane, Wash. physician, Mrs. John W. Epton, was re-elected to the House.

Dr. Fred M. Anderson, who ran for the U. S. Senate on the Nevada Democratic ticket, was defeated by 1,200 votes in the primary. His opponent, Howard W. Cannon, defeated George W. Malone in November.

Dr. Harrison Leer, Juneau, Alaska, was defeated in the Alaskan state senatorial primary in August.

Physicians in state legislatures:

Arizona—Dr. Nelson D. Brayton, Miami, House.
Arkansas—Dr. H. J. Hall, Clinton, House.
Colorado—Dr. James E. Donnelly, Trinidad; Dr. J. William Wells, Brighton, both in Senate.
Georgia—Dr. J. T. Holt, Baxley, Senate.
Illinois—Dr. William A. Moore, Olney, House.
Kansas—Dr. A. R. Chambers, Topeka, House.
Kentucky—Primary election next May.
Louisiana—Dr. R. E. King, Winnaboo, Senate; Dr. T. H. Gaharan, Jena, House.
Maryland—Dr. Frank E. Shipley, Savage, Senate.
Mississippi—Elections for legislative seats are held in odd-numbered years prior to presidential elections.
Missouri—Dr. J. J. Wimp, Kirksville; Dr. Luke A. Inese, St. Louis City, both House.
New Mexico—Dr. Richard Pousma, Gallup, Senate.
North Carolina—Dr. John Phelps, Creswell; Dr. Rachel Davis, Kinston, both in House; Dr. David Rose, Goldsboro, Senate.
Oklahoma—Dr. R. H. Lynch, Hollis, House; Dr. Louis H. Ritzhaupt, Guthrie, Senate.
Oregon—Dr. Edwin R. Durno, Medford, Senate.
Pennsylvania—Dr. Leroy E. Chapman, Warren; Dr. George J. Sarraf, Pittsburgh, both in Senate.
South Dakota—Dr. F. E. Manning, Custer, Senate.
Tennessee—Dr. L. S. Nease, Newport; Dr. Roy M. Lanier, Brownsville; Dr. J. H. Gammon, Knoxville; Dr. J. O. Walker, Franklin, all in House.
Virginia—Dr. J. D. Hagood, Clover and Dr. Edward E. Haddock, Richmond, both in Senate; Dr. W. C. Elliott, Lebanon, House.
Washington—Dr. Alfred O. Adams, Spokane, and Dr. James L. McFadden, Port Angeles, both in House.
West Virginia—Dr. Thomas G. Matney, Petersburg, House; Dr. Ward Wylie, Mullens, Senate.

Director Named By N.Y. Society

Dr. Herbert T. Wagner, 47, is the new executive director of the Medical Society of the State of New York. He was regional consultant for the National Foundation for Infantile Paralysis.

As executive director, he will direct the staff of 70 employees for the society's 24,500 members. The New York society is the largest state medical society.

Dr. W. P. Anderson, secretary of the society for many years, will continue as the society's elected secretary. He formerly had the dual position of secretary-general manager.



Dr. H. T. Wagner

Dr. Wagner was born in Indiana and holds a bachelor of arts degree and a doctor of medicine degree from the University of Indiana and a master's degree in business administration from the University of Chicago's Graduate School of Business. He is licensed to practice in Indiana, New York, Connecticut, and Utah.

Dr. Wagner was responsible for the direction of the Infantile Paralysis Foundation's medical service program in 15 Northeastern states. He also directed the 1954 Salk vaccine field tests in these states.

Physicians Elected

Fifteen members of the West Virginia State Medical Association have been elected members of county boards of education. Of the 15 doctors, 12 already are serving and three will take office Jan. 1.



UPI Photo

SEATED COMFORTABLY in his rocking chair, Dr. J. S. Brown marks his 92nd birthday anniversary at his office in Hendersonville, N.C. One of the nation's oldest active physicians, Dr. Brown celebrated his birthday by delivering his 6,547th baby.

Stating It Briefly

Old Photos and TV Ads

Tin Lizzies: Pictures of doctors and cars taken between 1900 and 1910 are sought by Illinois State Medical Society. They especially want scenes showing difficulties on road or poor highways for use in exhibit telling role of physicians in development of autos in U. S. Contact John A. Mirt, ISMC, 185 N. Wabash, Chicago 1, Ill.

For Services Rendered: Here's the latest offer to New York doctors for appearing in a film sequence for TV praising an auto—\$750 in cash, a new car at factory price plus an extremely high trade-in. Package deal is worth about \$2,000, reports Medical Society of the County of New York. Society's board of censors says, "No!"

Operation M.D.: Lehigh County, Pa., Medical Society members participated with U. S. Air Force in dry run airlift exercise preparatory to a disaster.

For Achievement: Honorary membership in Minnesota Public Health

Conference for "outstanding and meritorious achievement in public health in Minnesota," was given Dr. Adolph G. Liedloff, Mankato, Minn., physician. The 80-year-old doctor retired in 1956 after nearly 50 years of service in public health. He practiced in Mankato for 41 years, was a charter member of Minnesota Sanitary Conference, organized in 1907.



Dr. Liedloff

Please Print: The Bulletin of the Medical Society of the County of Kings, N. Y., asked physicians to sign names legibly on birth or death certificates. "If the physician prefers his distinctive signature, it is suggested that his name be printed or typed below. . . ."

Legislative Goals: The 1959 Oklahoma State Legislature has been asked to enact laws providing for a medical examiner system and compulsory immunization of children against basic diseases. Request was by board of trustees of Tulsa County, Okla., Medical Society.

Potpourri: Council, House of Delegates of Medical Society of Virginia voted against Social Security for physicians. . . . Medical bar associations of Orange County, Florida, joined in their first party. . . . Dr. A. J. Kreft, Portland, Ore., ended two-year term as president, Oregon Division, Izaak Walton League of America. . . . Donald M. Irish succeeds Carl T. Weber at Rochester, N. Y., as executive secretary of Medical Society of County of Monroe and 7th District Branch of Medical Society of State of New York. . . . Montgomery County, Ohio, Medical Society has a 21-man choral group that wows audiences.

Doctor's Loan Inspires Scholarship Fund

When Dr. Ellis N. Fair, 77, of Heavener, Okla., made a personal loan to a young friend eight years ago, he unwittingly triggered a scholarship plan which promises help to generations of students at the University of Oklahoma School of Medicine.

Establishment of the Ellis N. and Anna M. Fair Medical Student Loan Fund was announced at "Dr. Fair Day," a community celebration of the physician's 50th anniversary in the practice of medicine.

Each recipient of a loan will be encouraged to help another financially pressed student. If he assumes the responsibility of assisting another, interest will be waived.

This was the example set by the original borrower, Dr. Jodie Edge, who now is in general practice in Shawnee, Okla.



SADDLEBAGS USED 50 years ago in his practice are held by Dr. Ellis N. Fair of Heavener, Okla.

Dr. Fair's psychiatrist son, Dr. Edwin Fair of Ponca City, Okla., entered into a trust fund agreement with the school setting up the fund in honor of his parents.

Candidates for the first scholarship are under consideration. Dr. Edge, young Dr. Fair, and Dr. A. N. Taylor, associate dean of student affairs, make up a committee to administer the fund.

The elder Dr. Fair received his M.D. degree from the University of Louisville. He practiced in his native Scott County, Arkansas, before going to the Heavener area in 1910.

The Lions club of the southeastern Oklahoma town of some 2,500 persons sponsored "Dr. Fair Day." The physician was presented an Oklahoma State Medical Association 50-year pin by Dr. H. E. Baker, Durant, Okla., OSMA president-elect.

Scanning the News

Ulcer: Dr. Charles Tupper who studied stomach x-rays of 186 Michigan U. students found 41 had stomach ulcers—all discovered for the first time.

Award: U. S. Food and Drug Commissioner George P. Larrick received the 1958 annual award of Pharmaceutical Manufacturers' Assn. Larrick began career with FDA in 1928, became commissioner in 1954.

Checkup: 90% of all U. S. citizens heartily endorse the idea of dental checkup every six months as "a good thing," but 53 million have not seen a dentist for more than a year.

Deductible: There are times when expenses of traveling to visit a child in a hospital may be tax-deductible as a medical expense, according to new Internal Revenue Service ruling (Rule No. 58-533). Example: On advice of physician, parents of child in a medical center for psychiatric and other care visited the child as part of her therapy. Expenses of transportation in making the visits count as medical expenses.

New Drug: U. S. Public Health Service scientists expect to announce soon the development of a new pain-relieving drug made from coal tar. It is said to be superior to morphine and with less risk of causing addiction.

Medal: Major General Dan C. Ogle, who retired Dec. 1 as Surgeon General of U. S. Air Force, received Distinguished Service Medal for "exceptionally meritorious service to the U. S. in a position of great responsibility."

Radium: In Wheeling, West Va., the widow of a dermatologist is under observation after it was found she had been living for two years with 10 milligrams of radium covered only by a frying pan in her home.

Ear Lobes: Drs. Gordon Davenport and Frank D. Bernard of Wisconsin U. Medical School have reported successful use of ear lobe tissue to repair nasal deformities. A "tongue-in-groove" technique was used in shaping both the skin and underlying fat from the ear to fit the damaged portion of the nose.

Atherosclerosis: The American way of life with its social tensions and mechanizations may contribute to high incidence of atherosclerosis in U. S., Dr. Dale Groom, Medical College of South Carolina, reports. Atherosclerosis is No. 1 killer in this country.

TB in Japan: Tuberculosis patients number 4,510,000 in Japan—3.3% of total population. TB, which ranked among the top killers in Japan until a decade ago, is on a steady decrease, however. Number of patients is down 20% from 1953 figures.

Big Headache: Sponsor magazine reports that between \$12 million and \$13 million will be spent this year to sell one headache remedy. That's more than is spent by biggest oil advertiser.

Doctor's Dog: Everywhere that Dr. Arnold Joseph of Minneapolis, Minn., goes his dog is sure to go. The German Shepherd makes all house calls with the physician where there are children and is invariably therapeutic with the youngsters.



SEA EXPLORERS demonstrate the operation of a Hydro Pak mask in a Clinical Session exhibit on "Medical Responsibility in Skin Diving Accidents."

Men in Medicine

Iowan Is GP of Year

Dr. Lonnie A. Coffin of Farmington, Iowa, is the American Medical Association's General Practitioner of the Year.

A gold medal and a citation outlining his contributions were given Dr. Coffin by Dr. Louis M. Orr, AMA president-elect, before the House of Delegates, meeting at Minneapolis for the 12th Clinical Session.

The award is presented each year by the House of Delegates to a doctor who typifies the thousands of general practitioners who have dedicated their lives to the practice of medicine and who have given exceptional service to their communities. Dr. Coffin is the 12th recipient of the award.

First Iowan Honored: The 68-year-old physician became the first Iowan to be so honored. Dr. Cecil W. Clark, Cameron, La., who won fame during Hurricane Audrey, was last year's winner.

Dr. Coffin has served Farmington, a town of 900 in southeast Iowa, for 44 years. He quit his obstetrical work after suffering a heart attack eight years ago. His other work, however, still keeps him busy.

"The way I practice medicine," he said, "is to work seven days a week and whenever I'm needed. But I have slowed up on the night work."

A self-termed "ordinary country doctor," Dr. Coffin is held in the highest esteem by his colleagues, patients, and fellow townsmen. This esteem probably is best conveyed in a remark of one of his former patients, who said, "There might be doctors who have done just as good and just as much—but none has done more any better."

Accomplishments: Citizens of Farmington would dispute calling Dr. Coffin an "ordinary country doctor." They remember these accomplishments by their doctor:

- Delivery of 2,500 babies, 2,000 of which were delivered in homes.
- Getting and developing Indian Lake, a 200-acre park which has made boating, fishing, and picnicking available to the surrounding area.
- Buying basketball tournament tickets when there were high school students who couldn't pay their own way.

- Buying graduation clothes for students who couldn't afford them.
- Donating stage settings for junior and senior plays at Farmington High School.

After his selection last April as Iowa's Outstanding General Practitioner of the Year, a fellow townsman commented:

"We feel that he is not only the outstanding general practitioner of the year in the state of Iowa, but that he is the outstanding general practitioner of our generation."

Born in Missouri: Dr. Coffin was born on a small farm in Clark County, Mo., and moved across the state line into Iowa at the age of five. He was graduated from Farmington High School in 1909 and four years later was a member of the last medical class to be graduated from Drake University, Des Moines.

Following a year of internship at Iowa Methodist Hospital, Des Moines, Dr. Coffin returned to Farmington where he has engaged in the general practice of medicine since, except for two years of military service during World War I.

He has two daughters—Mrs. Helen Hols and Mrs. Betty Miller—and four grandchildren, all of Farmington. Mrs. Coffin died in 1957.

Dr. Coffin has been a loyal supporter of his community. He was a member of the school board for 15 years, served two terms on the city council, and was the first commander of the Farmington American Legion Post.

He is a member of the Congregational Church, Blue Lodge, Chamber of Commerce, Van Buren County Medical Society, Iowa State Medical Society, American Medical Association, and the Iowa Academy of General Practice.

Following his election as president of the Iowa State Medical Society, Dr. Coffin was honored by the citizens of Farmington at a public reception. On that occasion he said, "It is a great honor to be welcomed home in this fashion. It gives me assurance my work has done something for humanity."

Staph Control Problems Told

A British physician says removing a drug resistant infections is difficult because the main carriers of resistant staphylococci in operating rooms are members of the hospital staff themselves.

Speaking recently at the International Colloquium on Resistant Infections in New York, Dr. Robert Blowers, director, Public Health Laboratory, Middlesbrough, England, explained.

"Every operation exposes a wound to the risk of air-borne infection, and the staff, who are the main carriers of pathogenic staphylococci in the operating room, do not always declare their lesions."

Methods of Control: To control the spread of organisms in the operating room, Dr. Blowers urged:

- Removing reservoirs of pathogenic organisms, mainly unsterilized bedding and everyday clothing.
- Limiting movement in the operating room, thus reducing liberation and scatter of organisms.
- Designing special ventilating equipment to remove air-borne organisms.
- Destroying air-borne organisms by ultra-violet irradiation.

Dr. R. A. Shooter, bacteriologist, St. Bartholomew's Hospital, London, said four different sources of resistant infections have been observed in hospital wards.

To eradicate these sources, he recommended "proper aseptic nursing techniques, isolation of patients and other carriers infected with antibiotic-resistant staphylococci, and the routine use of nasal creams and hexachlorophene soap for all patients."

Mop and Pail: Ruth B. Kundsinn, Sc.D., Peter Bent Brigham Hospital bacteriologist, said conventional mop and pail methods of floor care succeeds in painting the floor with a thin layer of organisms.

She urged a wet pickup technique in which floors are flooded with a disinfectant-detergent. She also said dry mopping and dusting procedures should be replaced by vacuum cleaning and wet dusting.

Doctors Join in Over-Sea Quiz

A panel of U. S. doctors in Minneapolis and a team of British doctors in Southampton quizzed each other by trans-Atlantic telephone cable on techniques of diagnosing chest diseases.

The hour-long medical conference joined the American Medical Association's Clinical Session with the British Medical Association's convention.

The trans-Atlantic parley was produced by Smith Kline & French Laboratories in cooperation with the AMA.

Each panel presented an actual case and asked their colleagues across the Atlantic to come up with the right diagnosis. Complete case histories were supplied. X-rays and charts were flashed simultaneously on screens in Southampton and Minneapolis.

The American panel consisted of Dr. James R. Fox, Minneapolis chest physician, moderator; Dr. John F. Briggs, St. Paul specialist in internal medicine, and Col. James A. Wier, a physician and cardio-pulmonary physiologist at the Army Chest Center, Fitzsimmons Army Hospital, Denver.

On the British panel were Dr. W. D. Brinton, Winchester, moderator; Dr. J. G. Scadding, a chest physician; Dr. T. Holmes Sellers, a thoracic surgeon, and Professor J. McMichael, a general physician, all of London.

On the Legislative Front

Reporting on its enforcement operations for October, the Food and Drug Administration repeats the warning that it is illegal for a pharmacist to sell prescription drugs without a physician's prescription or to refill prescriptions without a doctor's authorization. During the month 10 pharmacists were convicted in Georgia, Illinois, New York, Texas, and Wisconsin.

Insurance Tax: Congress is about to tackle the problem of how to tax the nation's multi-billion-dollar life insurance industry. It is expected that the industry as a whole may end up paying the U. S. Treasury more than the \$290 million in taxes it paid last year. There are some 1,200 companies in which 109 million Americans have policies with a total face value exceeding \$458 billion.

Proclamation: President Eisenhower expects to proclaim Alaska a state by Christmas. The new flag design will be revealed in time for the official changeover July 4.

Conservatives: At a time when U. S. "conservatives" are worrying about losing popular support, Great Britain's Conservative Party has been making a striking comeback and some believe it may win in next year's election.

AEC Grants: Atomic Energy Commission has awarded 30 grants worth \$236,510 to 30 colleges and universities to help in equipping laboratories for training in nuclear technology as related to the life sciences. Since the program was started a year ago, it has distributed about \$1.5 million.

Pollution Act: Senator Thomas H. Kuchel (R., Calif.) expects to ask the 86th Congress to extend the air pollution control act, under which the U. S. helps finance research and investigation projects in this field. He gave the assurance to a Washington, D. C., air pollution conference, which also heard from Surgeon General Leroy Burney and others that there is a definite relationship between air pollution and cancer.

ADA Action: The House of Delegates of the American Dental Assn. approved a strongly-worded resolution opposing proposals in Congress which would provide personal health care benefits to OASI beneficiaries as being "in conflict with the association's principles governing federal support to personal health care programs."

Blood Bank: The AFL-CIO is urging that a nationwide, uniform, voluntary blood bank system be set up under auspices of the Joint Blood Council. The proposed system would include uniform mandatory licensing standards and a national clearing house or exchange for blood and blood credits. The Joint Blood Council is made up of the American Medical Association, the American Hospital Assn., the American Society of Clinical Pathologists, the American National Red Cross, and the American Assn. of Blood Banks.

Surplus Property: The U. S. distributed surplus property that originally cost more than \$92 million among states and territories in third quarter of 1958. Hospitals, medical schools and other nonprofit institutions were the recipients. Between them, New York and California got nearly one-fourth of the quarterly giveaway.

Lost Eligibles: Uncle Sam is looking for 400,000 "lost" social security eligibles. Social Security Administration estimates that many persons are eligible for new benefits under this year's amendments to the law. They include dependent parents who have survived their children, certain disabled workers between 50 and 65, and children disabled before reaching age 18.

Gen. Twitchell Heads Surgeons

Brig. Gen. Harold H. Twitchell, is the new president of the Association of Military Surgeons. He is command surgeon of the U. S. Air Forces in Europe at Wiesbaden, Germany.



The association was organized in 1891 and represents the medical services of each federal agency. General Twitchell received his medical degree from University of Vermont in 1929 and served his internship at Walter Reed General Hospital, Washington, D. C.

During World War II, he served as surgeon of the Second Air Force, the 21st Bomber Command, and the 20th Air Force in the Pacific Theater.

Medical Research Board Is Urged

Formation of a board to advise on government policies in medical research has been urged by the board of directors of the Pharmaceutical Manufacturers Assn. The PMA board said that unless immediate attention is paid to long-range problems in medical research, the consequences to the health and welfare of the nation will be serious.

It suggested that the advisory body study the sources of support for medical research—government, private industry, voluntary health agencies, and universities and medical centers—to evaluate and define their respective roles.

Manual Offered

Free copies of a manual, *Resuscitation of the Newborn*, are available from the American Academy of Pediatrics, 1801 Hinman Ave., Evanston, Ill. The manual was prepared by the academy's Committee on Fetus and Newborn with the help of other organizations and through a grant from Mead Johnson & Co. A wall placard summarizing the manual also is available for posting in delivery rooms and nurseries.

Journal Editor Resigns Dec. 15

Dr. Austin Smith has announced his resignation as editor of *The Journal of the American Medical Association*.

Dr. F. J. L. Blasingame, executive vice president of the AMA, said that Dr. J. F. Hammond, associate editor of *The Journal*, will take over Dr. Smith's duties.

In a brief memorandum to the AMA Board of Trustees, Dr. Smith asked that he be relieved of his editorial responsibilities Dec. 15.

Dr. Smith said it is his conviction that after 18 years with the Association there is need for "new blood" in key administrative positions and although he has no immediate plans he hopes to take a much needed vacation.

Editor Since 1949: Dr. Smith has served as editor of *The Journal* since 1949. He succeeded Dr. Morris Fishbein. In addition to being editor of *The Journal*, he also directed the editorial policies of the Association's nine monthly specialty journals. *The AMA Journal*, published weekly, exceeds 175,000 circulation.

Dr. Smith was born in Belleville, Ont., Canada. He received his M.D. degree from Queen's University Faculty of Medicine, Kingston, Ontario, Canada, in 1938 and in 1949 the postgraduate degree M.Sc. (Medicine) from Queen's University. He obtained his clinical training in Kingston and New York.

For two years he served as a member of the Department of Pharmacology, Queen's University, and later as a member of the staff of the University of Illinois College of Medicine, Chicago. For many years, he served as a professional lecturer at the University of Chicago, Department of Pharmacology.

He joined the AMA in February, 1940 as a medical consultant. In January, 1942, he was made acting secretary of what is now known as the Council on Drugs, and in September of that year became secretary. In 1946, he also was named director of the Division of Therapy and Research.

On May 7, 1949, *The AMA Journal* carried his name on the masthead for the first time as "assistant editor." He was appointed editor on Dec. 1, 1949.

Distinct Honor: Dr. Smith has written scores of articles and books, both popular and scientific. He was distinctly honored in 1947 when he was elected to the Committee on Revision of the U. S. Pharmacopeia, which was adopted as standard in the Food and Drug Act of 1906. The book, containing a selected list of drugs, chemicals, and medical preparations, is revised every 10 years by a committee composed chiefly of physicians and pharmacists. He is also a member of the Division of Medical Sciences of the National Research Council.

"The American Medical Association accepts Dr. Smith's resignation with regret and is grateful to him for his many years of service," Dr. Blasingame said. "Every good wish is extended to him in the years ahead."

Telephone Symposium

Special telephone circuits linking three Veterans Administration hospitals in New York and New Jersey permitted more than 250 physicians to attend a joint medical symposium on cancer without leaving their stations. The "teleposium" originated from the East Orange, N. J., VA hospital and was heard simultaneously at VA hospitals in Manhattan and the Bronx.



Dr. Austin Smith

Physicians-Hospitals Policy Is Amended

The policy publication entitled *Relations of Physicians and Hospitals*, issued by the AMA Council on Medical Service in 1953, has been amended in accordance with House of Delegates' Resolution No. 55, June 1958.

The amendment reads as follows: "Neither the medical staff or hospital management has the privilege or the right to make compulsory assessments of members of the medical staff for building funds or to demand a record of staff members personal financial records as a requisite for staff appointment."

Revised copies are available on request from Council on Medical Service, American Medical Association, 535 N. Dearborn Street, Chicago 10, Ill.

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Business Briefs

Expense Account Rules Unchanged

Physicians will find no changes for them in new tax rules on expense accounts. They still must report on outlays for travel to conventions. Internal Revenue Service has announced a more determined effort to check on over-lavish spending by self-employed people. IRS will watch for padding of expense account to cover part of wife's expenses on a trip.

Taxes: There's a strong possibility the 86th Congress will overhaul tax structure to plug major loopholes. Partnerships, estate taxes, and capital gains are among those expected to be scrutinized. But this may mean that tax rates on ordinary income will be lowered both at the bottom and the top.

Autos: Some parking lots and garages have added a new surcharge of 15 to 30% to park the longer and wider '59 automobiles. Some parking facilities offer reduced rates to drivers of small cars, others refuse to park the little foreign autos, claiming they are too easily damaged. Small, foreign-built cars are pouring into the U. S. at an average rate of about 1,000 a day. Big Three auto manufacturers are speeding up preparations to turn out smaller, economy-type U. S. cars for 1960. American Motors Corp. reported net profit equal to \$4.65 a share for fiscal year ended Sept. 30, its first profitable year since it was formed in 1954. Auto dealers had an average operating loss of \$6, before federal income taxes, on each new car or truck sold in the first three quarters of this year. Look for all-aluminum engines in autos before long.

Finance: Uncle Sam gave and lent foreign countries about \$5 billion in fiscal '58—\$315 million more than preceding year. Foreign governments and enterprises owed U. S. about \$12.2 billion as of June 30. Canada's three largest stock exchanges may merge. FHA official says more mortgage money should be available to nation's real estate buyers "within a month or so." Desilu stock will be offered to public at about \$10 a share although Desi Arnaz and Lucille Ball will keep control of the company. Holders of \$4.7 billion worth of toll-road bonds are happier these days. End of recession plus more access roads has boosted traffic on turnpikes.

Growth: Estimates of U. S. growth have been revised upward again. Census Bureau now predicts the 1975 population will be at least 215.8 million, maybe 243.9 million. Two years ago forecast for '75 was between 206.9 and 228.5 million. Among Americans of voting age there are 54.7 million women, 49.9 million men. Women could outvote men by almost four million. U. S. crop production this year was a record—10% above any previous year. And the yield came from the smallest acreage in 40 years. Oil industry spokesman says that industry must spend \$20 billion on expansion in next 20 years to keep up with the demand. Many Seattle restaurants plan to add a 5% service charge to cost of meals served persons using national credit cards.



MEDICAL HISTORY has been made by the "shocking life" of a 76-year-old Brooklyn grandfather. Pincus Shapiro, shown sitting beside a heart shocking machine as his wife lights his cigar, was jolted back to life for 96 days by the mechanism. Each time his heart beat died for five seconds, the mechanism delivered 1½ volts to the pumping chamber, bringing the heart back into action.

Film Requests Break Record

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Business Briefs

Expense Account Rules Unchanged

Physicians will find no changes for them in new tax rules on expense accounts. They still must report on outlays for travel to conventions. Internal Revenue Service has announced a more determined effort to check on over-lavish spending by self-employed people. IRS will watch for padding of expense account to cover part of wife's expenses on a trip.

Taxes: There's a strong possibility the 86th Congress will overhaul tax structure to plug major loopholes. Partnerships, estate taxes, and capital gains are among those expected to be scrutinized. But this may mean that tax rates on ordinary income will be lowered both at the bottom and the top.

Autos: Some parking lots and garages have added a new surcharge of 15 to 30% to park the longer and wider '59 automobiles. Some parking facilities offer reduced rates to drivers of small cars, others refuse to park the little foreign autos, claiming they are too easily damaged. . . . Small, foreign-built cars are pouring into the U. S. at an average rate of about 1,000 a day. . . . Big Three auto manufacturers are speeding up preparations to turn out smaller, economy-type U. S. cars for 1960. . . . American Motors Corp. reported net profit equal to \$4.65 a share for fiscal year ended Sept. 30, its first profitable year since it was formed in 1954. . . . Auto dealers had an average operating loss of \$6, before federal income taxes, on each new car or truck sold in the first three quarters of this year. . . . Look for all-aluminum engines in autos before long.

Finance: Uncle Sam gave and lent foreign countries about \$5 billion in fiscal '58—\$315 million more than preceding year. Foreign governments and enterprises owed U. S. about \$12.2 billion as of June 30. . . . Canada's three largest stock exchanges may merge. . . . FHA official says more mortgage money should be available to nation's real estate buyers "within a month or so." . . . Desilu stock will be offered to public at about \$10 a share although Desi Arnaz and Lucille Ball will keep control of the company. . . . Holders of \$4.7 billion worth of toll-road bonds are happier these days. End of recession plus more access roads has boosted traffic on turnpikes.

Growth: Estimates of U. S. growth have been revised upward again. Census Bureau now predicts the 1975 population will be at least 215.8 million, maybe 243.9 million. Two years ago forecast for '75 was between 206.9 and 228.5 million. . . . Among Americans of voting age there are 54.7 million women, 49.9 million men. Women could outvote men by almost four million. . . . U. S. crop production this year was a record—10% above any previous year. And the yield came from the smallest acreage in 40 years. . . . Oil industry spokesman says that industry must spend \$20 billion on expansion in next 20 years to keep up with the demand. . . . Many Seattle restaurants plan to add a 5% service charge to cost of meals served persons using national credit cards.



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GROWTH INDUSTRY SHARES, Inc.

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Priced at Asset Value per share plus 3% on investments under \$2,000, and down to 1% on investments of \$25,000 or more.

Ask for a free prospectus describing the Fund—reviewing its objectives, its record, its investments, and offering its shares.

Growth Industry Shares, Inc.
6 North Michigan Avenue
Chicago 2, Illinois

Without obligation please send me a copy of the Prospectus describing your Fund.

Name _____

Address _____

City _____ Zone _____ State _____

For the doctor who has to "make do" with what little time he can squeeze out for a Winter Vacation... the smart thing to do is "make the most" of whatever time you can take! There's so much you'd like to do... but so little time to do it in!

That's why our new Sazony "SUNFARI" Hopovers are so wonderful; on a two to three-week "SUNFARI" you start with a stay at The Sazony... then follow the sun southward to your choice of great resort hotels in Cuba, Haiti, Jamaica, Mexico, Nassau, Panama, Puerto Rico or the Virgin Isles... with top-flight rooms, luxury meals, sightseeing, transfers, and other enjoyments, all at ONE SURPRISINGLY MOD-EST RATE!

Being a man who knows that time is money, yet keenly appreciates comfort, convenience and cuisine... I can tell you that this new idea will save your time, save your temper, save your money... and assure you of the utmost in enjoyment. I'm proud of my Sazony staff for dreaming up this idea. But that's the way we do things at The Sazony... bigger, better, with imagination, and with a sincere desire to help our guests get more fun out of their precious holiday.

SEE YOUR LOCAL TRAVEL AGENT
"No One Can Serve You Better"

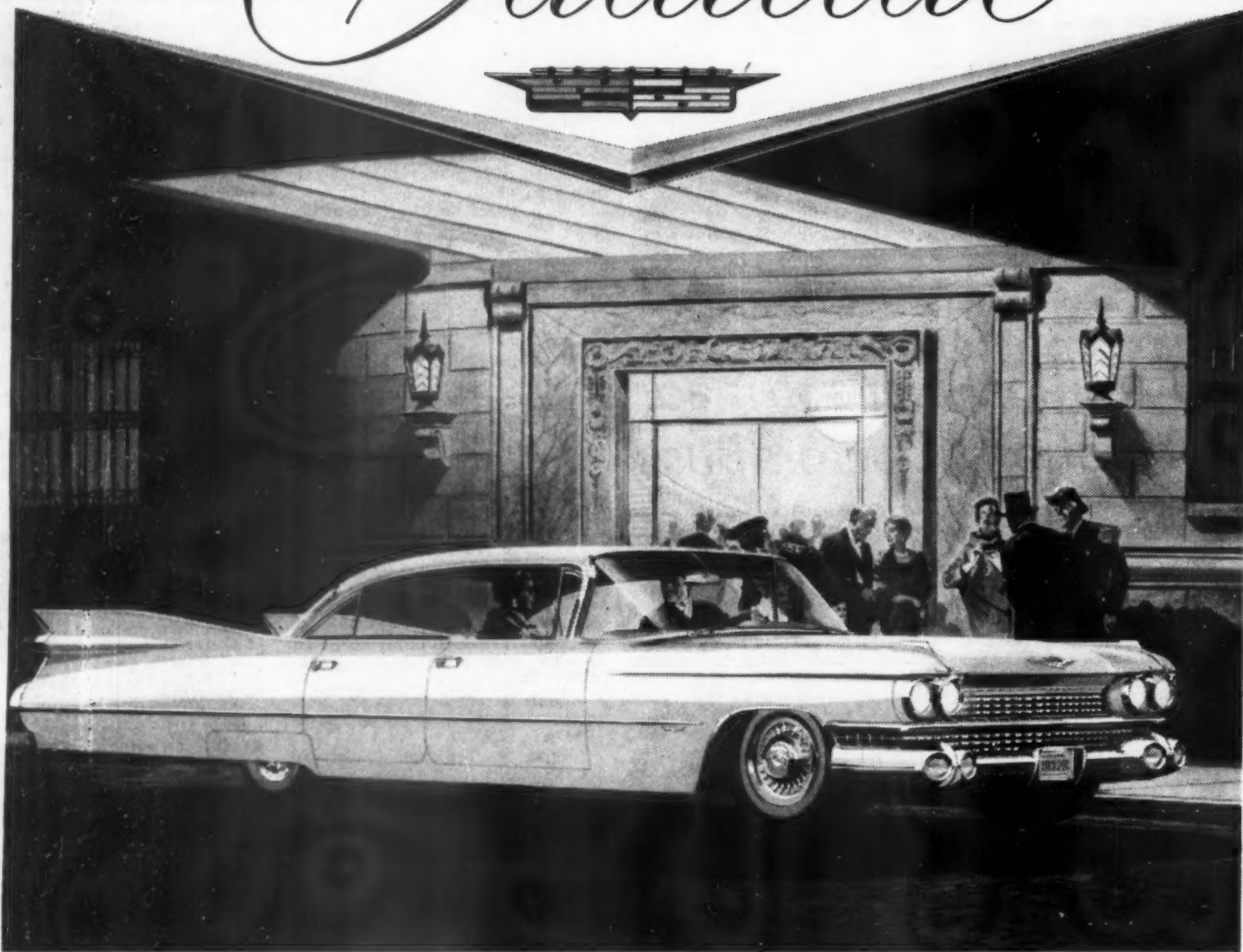
GEORGE D. SAX, President
ROBERT "Robbie" ROBINSON, Executive Vice President

The Sazony
The most exciting blackfront

ON THE OCEAN at 32nd Street — MIAMI BEACH

member *Disco* Club charge Room, Food, Beverages

Cadillac



Unchallenged in the World's Affections!

If any product of American craftsmanship is known and loved throughout the world—then it is surely the Cadillac car.

In fact, it is unlikely that, in all the history of commerce, another manufactured product has etched itself so deeply in the public affection.

And we feel confident that the beautiful car that bears the Cadillac name for 1959 will deepen this sentiment to a still greater degree.

For this newest Cadillac creation is *far* finer in all things that have made Cadillac so worthy of respect and admiration.

Its distinctive beauty, for example, is infinitely more graceful and enchanting—with a majesty of line and a fineness of form never before witnessed on the world's highways.

Its Fleetwood luxury will win international favor as never before—with appointments and fabrics that are unbelievably beautiful.

And its performance will quickly alter the world's concept of how an automobile should drive and handle—with a smoothness, an alertness, and an ease of control that put a new measure of magic into every mile it travels.

To make that Cadillac of your dreams come true investigate the virtues of the new Cadillac without delay.

In fact, the car's unprecedented acceptance has made it *doubly* important that you place your order at the earliest possible moment.

Your dealer will be waiting to welcome you.

VISIT YOUR LOCAL AUTHORIZED CADILLAC DEALER

Every Window of Every Cadillac is Safety Plate Glass
